28. *Diabetes Mellitus—Lesion of Fourth Ventricle.*—An interesting case of this is related in *Gazette des Hôpitaux.* The subject of it was a young man, 29 years of age, in the wards of M. Tardieu at the Lariboisière. The malady with its insatiable thirst commenced in 1859, and at its outset was accompanied by symptoms of nervous disorder. Weakness of the left side of the body was perceptible; the patient limped, or rather dragged the left leg; he noticed that the left arm and hand had lost power, and moreover that sensations of creeping occurred in the extremities. The nervous symptoms abated at the end of three months, but the diabetes, in spite of treatment, held on its course. The vision then became affected, and the existence of partial atrophy of the papilla was revealed by the ophthalmoscope, and eventually the patient succumbed to tubercular consumption. At the post-mortem examination, a marked congestion was noticed in the root of the fourth ventricle, towards the "calamus scriptorius," and the calibre of the neighbouring bloodvessels was found to be more voluminous than in the normal condition. No actual disorganization of the cerebral substance was detected. The congestion, as above described, is referred to by M. Luys as the first stage of diabetic cerebral alteration.—*Lancet,* Feb. 15th, 1862.

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29. *Fatty Diarrhœa Attending Diabetes, or Pimelorrhœa.*—M. Bouchardat describes a symptom attending diabetes, to which he gives the name of pimelorrhœa (πιμελή, fat, ῥέω, I flow). It sometimes happens that, after the quantity of urine has been reduced even to the normal standard, the general health of the patient continues impaired. This is generally attributable to loss of appetite, or insufficient or improper nourishment: but sometimes, even though the appetite and the food be apparently good, there are irregular, frequent, and abundant alvine evacuations. Many diabetic patients have obstinate constipation, accompanied periodically by very copious alvine dejections, and sometimes by bilious vomiting, followed by extreme prostration. M. Bouchardat relates, in illustration, the case of a diabetic patient under his care, whose urine had become normal in quantity and quality. A large amount of starchy food was taken; and still the patient became daily more weakened and emaciated. On examining the stools, which occurred five or six times in twenty-four hours, M. Bouchardat found them copious, black, with little odour, and of semisolid consistence. At the time when they were discharged, a large quantity of oil floated on them, and became solid in cooling. The fat evacuated consisted of oleine, margarine, and stearine, with traces of cholesterine. This discharge of fatty matter took place in spite of the removal, as far as possible, of all fat from the food. On several occasions, however, M. Bouchardat succeeded in diminishing it by reducing the supplies both of fat and of starchy matters in the food, and by ordering regular and energetic exercise. The patient's occupation, however, being sedentary, prevented him from carrying out the instructions fully; and he died after a severe attack of diarrhœa. M. Bouchardat believes that this fatty diarrhœa attending diabetes results from the exaggerated transformation of the starchy materials into fat; and that it is only a transformation of diabetes or glycosuria. In diabetes, the sugar is carried off by the urine; in pimelorrhœa, the fat is removed by the intestines. The symptoms in both forms of disease are the same, only they are more violent in pimelorrhœa than in diabetes.—*Brit. Med. Journ.,* Dec. 21, 1861, from *Bull. Gén. de Thérap.,* 15 July, 1861.

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30. *Laryngoscopy.*—Dr. Lewin, of Berlin, made an interesting communication on this subject to the Medical Section of the Congress of German Naturalists and Physicians at their late session. The author introduced his subject by stating that it was not difficult to understand why laryngoscopy should have so quickly found admittance into the practice of medicine, as by its means we are able to recognize diseases of organs, which had hitherto been inaccessible to direct observation, and the morbid changes of which have not only a direct and immediate interest as far as they are concerned, but are also important as frequently reflecting diseases of remote organs, such as the lungs, the heart, and even general dyscratic disorders; besides, we may by the same means succeed in per-

forming local applications, and even surgical operations, which had been all but impossible before.

After having demonstrated his laryngoscope, which is in many respects superior to that of M. Czermak, Dr. Lewin proceeded to describe the appearance of the pharynx, larynx, and the trachea in the living body, and the best method of investigating the condition of these organs. He first considered in detail the vocal cords, which are in many persons, especially in professional singers, unusually red without being diseased. They undergo considerable changes in the mild and severe forms of acute catarrh, in which we either find them covered with disseminated spots, or they present a most intense redness throughout. Sometimes a strongly distended vein is seen to run parallel with the free inner edges of the vocal cords. In two cases of this kind which came under the notice of Dr. Lewin, the medical attendant had diagnosed croup on account of the cough and dyspnœa; but the affection consisted of a true specific inflammation of the vocal cords, which appeared quite bloody, and a speedy cure by local applications was brought about. In chronic catarrh, the colour of the vocal cords becomes also much changed, and the mucous membrane thickened. Granulations and excrescences are also formed upon them, which may be quite similar to those caused by syphilis. The changes of the voice are of a different character, according to the spots affected and the intensity of the disease.

Ulceration in consequence of catarrh has never yet been observed in the vocal cords. If there is great loss of substance, the patient is generally either syphilitic or tuberculous. The differences between the syphilitic and tubercular ulcers are in many cases so considerable that from them alone a correct diagnosis of the constitutional distemper is possible, without any regard to the other symptoms. The extent of the ulcers and the cicatrices, and the places occupied by them, determine the nature of the changes of the voice.

Amongst the disturbances of mobility to which the vocal cords are liable, the chief are abnormal tension, with unsymmetrical movements of the arytænoid cartilages. This may be congenital or acquired. Dr. Lewin related an interesting case of the former, in which hoarseness and a sort of intermittent hooping-cough was hereditary, in consequence of this affection. In other cases the movements of the vocal cords are insufficient, so that they do not approach the median line in an equal manner. The cause of this affection may be in the cords themselves, or in the neighbouring parts, as, for instance, the vocal processes, the posterior wall of the larynx, and the arytænoid cartilages. In several cases Dr. Lewin has by removing impediments to a free motion of the vocal cords, succeeded in effecting a complete and rapid cure of hoarseness and aphonia of very long standing. Paralysis of the vocal cords also occurs; and it affects either the dilatators or the constrictor of the glottis, so that there is stenosis or insufficiency. The causes of the paralysis are either central or peripheral, acting upon the recurrent nerve. It may be due to extravasation, softening and tumours in the brain, or rheumatism, aneurism, infiltration of glands and muscles, or hepatization of a portion of the lungs. Amongst the different forms of aphonia, Dr. Lewin described that caused by poisoning, by hysteria, by reflex action, and by diphtheria. In all these cases the change of voice is different, according to whether one or both cords are affected and whether the paralysis is complete or incomplete; there is then either complete aphonia, or more or less considerable hoarseness, or the voice has merely a nasal timbre, which latter may be due to paralysis of one vocal cord, paralysis or infiltration of the soft palate and impermeability of the nose. This is often accompanied by difficulties of deglutition.

The tumours which occur on the vocal cords may originate from catarrh, syphilis, and scrofula, and are generally of a benign character. According to their site and size they cause alterations of the voice, or cough and a sensation of pressure, or of the presence of a foreign body, excessive secretion of mucus, dyspnœa, and even suffocation. Such growths as are provided with a pedicle are more dangerous, but also more easy to remove.

2. Dr. Lewin then described the diseases of the arytænoid cartilages, viz., hyperæmia, swelling of the mucous membrane by infiltration; if it appears in

yellow specks, it is a sign of tuberculosis being present. Ulcers occur on the upper as well as the lower surface of the cartilages; granular degeneration of the mucous membrane is also not rare. Swelling indicates a perichondritis of the vocal process. The fold of mucous membrane between the two arytænoid cartilages is of great importance. If this is diseased, spasmodic reflex phenomena are induced, as vomiting, difficulty of deglutition, spasm of the glottis, etc.

3. The posterior wall of the larynx is often affected by thickening and ulceration, but rarely by tumours in the mucous membrane. The ulcerations are often important for the diagnosis between syphilis and tuberculosis, even when auscultation and percussion of the chest gives unsatisfactory results. If, therefore, the diagnosis between these two diseases is uncertain, laryngoscopy must be resorted to.

4. The ventricles of Morgagni are important by their modifying the voice; and morbid changes occurring in them may cause hoarseness. They are sometimes affected with swellings and tumours of the mucous membrane; polypous excrescences are frequent, and generally caused by local irritation, as fish-bones, etc., but they also follow measles and scarlatina. In old persons there is a peculiar dilatation of these ventricles, probably in consequence of atrophy of the mucous follicles, with drying up and rarefaction of the mucous membrane.

5. The epiglottis is not unfrequently affected by inflammation, œdematous infiltration, ulceration, and softening. Ulceration may be caused by syphilis, tuberculosis, and scrofula. In several cases of advanced phthisis, Dr. Lewin has observed almost total destruction of epiglottis—which is a very ominous symptom.

6. The ligamentary- and glosso-epiglottica are often affected by inflammation and superficial ulceration. This latter often causes difficulties of deglutition and obstinate cough, which resist all general treatment, but are speedily cured by local applications. In syphilis and scrofula, Dr. Lewin has seen extensive destruction of the foveæ glosso-epiglotticæ. Syphilitic excrescences are by no means rare there, and in one case a mulberry-shaped tumour of this kind caused asthmatic fits, by pressure on the epiglottis.

7. The root of the tongue often shows considerable changes of the follicular glands, which are sometimes swollen and infiltrated, especially if syphilis or scrofula is present.

8. The posterior wall of the pharynx is subject to different forms of inflammation which may be distinguished as follicular, submucous, exulcerating, hyperplastic, and varicose. Follicular inflammation is chiefly caused by catarrh, and frequently combined with abdominal plethora. Ulcerative inflammation is not always caused by syphilis; nor can the cicatrices, which are sometimes observed, be always considered as the last remnants of a venereal process. Varicose pharyngitis is often the cause of hemorrhage, which is generally confounded with hemorrhage from the lungs. Hyperplastic inflammation may cause asthmatic symptoms.

9. In certain cases it is possible to see the trachea up to its bifurcation. The morbid conditions of the trachea, as may be distinguished by means of the laryngoscope, are dilatation, especially in marastic old persons, where there seems to be atrophy of the parts, and also in asthma and bronchiectasy; hypertrophy of the mucous follicles of the posterior wall of the trachea, stenosis of this organ, either by thickening of its mucous membrane, or by pressure from cancer of the œsophagus, or by other tumours of neighbouring parts, and finally ulceration.

10. In syphilitic patients the posterior surface of the palatine arches may be ulcerated. These are also subject to paralysis. If they are thickened and the tonsils hypertrophied, the local application of chromic acid effects a cure. By this means Dr. Lewin has completely removed forty-four hypertrophied tonsils which had resisted excision. Great caution is, however, necessary in this operation, in order to avoid chromic acid being swallowed; this is easily prevented by the physician fixing the tongue of the patient with two fingers.

In conclusion Dr. Lewin reverted to the fact that polypus of the larynx, which before the introduction of the laryngoscope into the practice of medicine, generally caused sudden death, might now be easily recognized and removed. Laryn-

goscopy ought to be resorted to in all diseases of the pharynx and larynx, as in hoarseness, difficulty of deglutition, sore-throat; in cases of foreign bodies in the aërial passages, and also in tuberculosis and syphilis. It is often the only means by which we are able to decide whether a hemorrhage comes from the larynx, pharynx, or the trachea. In spasmodic vomiting, in diphtheria, and in obstinate cough, it is also advisable to employ the laryngoscope, as we may thus often find a palpable cause of the disease, and which it is then easy to remove. *Med. Times and Gazette*, Jan. 18, 1862.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

31. *Excision of the Hip-joint.*—M. LEFORT, one of the rising French surgeons, who has paid more attention to what is going on in other countries than is usual with his countrymen, recently laid before the Academy of Medicine the results obtained by the English and German surgeons from the performance of the operation of excision at the hip-joint. The cases, the particulars of which he was enabled to collect, amount to 85 in number. Of these, the results are doubtful in 13 instances, in consequence of their too early publication; of the remaining 72 cases, 42 are returned as successful, while there were 29 deaths and 1 relapse, due to suppurative osteitis. The cases are considered as successful, provided that life was saved, and the wound cicatrized; but the amount of motion possessed by the false joint, together with that of the solidity of the limb and power of using it in walking, are only specified in some cases. In 27 out of the 42 successful cases, at all events, these points are satisfactorily made out as highly favourable. In 67 cases the ages were specified, and it is found that between the ages of five and nineteen that there occurred 17 deaths in 49 cases; and between the ages of twenty and fifty, 7 deaths in 18 cases. In 30 of the cases the acetabulum, as well as the head of the femur, was excised; and in 3 of these the result is uncertain, recovery taking place in 15, and death in 11, of the cases.

M. GOSSELIN, the reporter on this essay, points out how desirable it would be to have more exact information as to the precise amount of unaided usefulness obtained in this last category, in order to be able to compare the functional condition of such limbs with that of those of patients who have recovered from hip-joint disease without operation.

The reporter, in explanation of this operation not having as yet become adopted by French surgeons, suggests that either hip-joint disease is a less dangerous affection in France than in other countries, or that its earlier stages are more successfully treated in the former country than elsewhere. His observations apply, however, only to the young subjects met with in private practice, the treatment of which cases is often very successful; while that of the far more numerous cases of hospital patients is less encouraging. Then, again, French surgeons have been deterred by the contra-indications to the operation furnished by the concomitance of pulmonary tubercle, or other fatal complication in the severer forms of hip-joint disease, by the repugnance manifested by the friends of the patients, and by the ill-success which attends great operations in the Paris hospitals, chiefly due to the prevalence of purulent infection. Lastly, the difference in the practice of the French as compared with that of foreign surgeons, may be also due to the too great proneness of the latter to resort to the knife before essaying other means of treatment, while the former have remained in ignorance of the results really due to operative procedures executed elsewhere than in France.

A section of M. Lefort's paper is devoted to a consideration of the applicability of this operation after gunshot wounds. Reasoning from analogy, both he and his reporter admit that it may be preferable to disarticulation of the